

## STATE OF WASHINGTON

## SEASONAL CHANGE APPLICATION

☐ SURFACE WATER (OFFICIAL USE)WRIA ☐ 13 FEB -4 A9:04

DEPT. OF ECOLOGY

## A NON-REFUNDABLE \$50.00 FILING FEE PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY IN INK)\*\*

APPLICANT/BUSINESS NAME						PHONE NUM	BER	FAX N	UMBER
Samson Farms, Inc.						(360) 815	-6323	(	)
ADDRESS									
722 Vine Street			- 1996						
CITY						STATE		ZIP CC	
Lynden						WA		9826	4
CONTACT NAME (IF DIFFEREN	T FROM ABO	OVE)				PHONE NUM	BER	T FAX N	UMBER.
Lesa Starkenburg-Kroon						(360)354			354-6929
ADDRESS	3				1				
P.O. Box 231									
CITY						STATE		ZIP CC	DDE
Lynden						WA		9826	54
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Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner for the above point(s) of diversion/withdrawal, please include an attachment.

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